Record

Health Care Financing Administration.

April 1977

Separation of Services Approach Is It Working?

Training Family Day Care Providers-- Different Strokes for Different Folks.

Subsidized Adoptions Cut Costs While Creating Happier Homes.

HEW Reorganizes To Provide Better Services and Trim Costs.

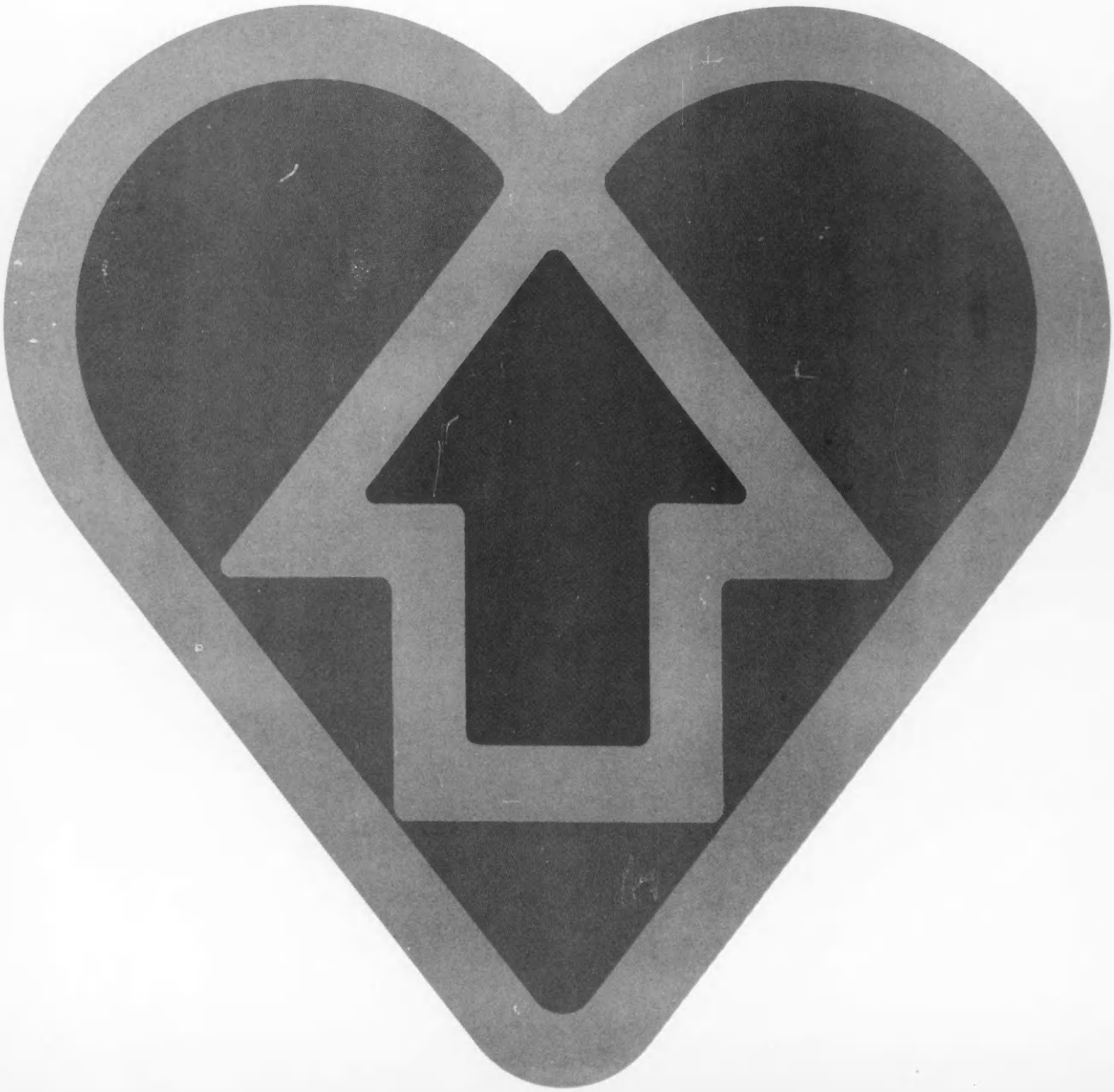
Don't Let The Silent Killer Silence You.

It's called the silent killer because it usually has no symptoms. You might not even know you have it. But high blood pressure can lead to stroke, heart failure, and kidney disease.

There isn't any cure for high blood pressure. Not yet, anyway. But it can nearly always be controlled, and if you have it, you can live a normal, healthy life.

Get a blood pressure check for yourself and every member of your family. Even the kids. If your blood pressure is high, see a doctor—and follow his advice.

Don't let the silent killer silence you.



Record

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U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

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For the Record

When Secretary Califano announced the reorganization of SRS, some television commentators smiled, passing it off as just another shuffling of people and offices. (See article on page 6.)

However, early reaction to the largest restructuring of HEW in its 24-year history was predominantly enthusiastic. A sampling follows:

- Former HEW Secretary Wilbur Cohen: "The reorganization is, in my judgment, a very constructive step. It should enable the Department to coordinate its activities much better in working with the providers, consumers and managers in simplifying policies and procedures in each of these four major areas.
- Edward T. Weaver, executive director of the American Public Welfare Association: "We applaud these actions. The grouping of income support programs appears to be based on sound organizational principles."
- "Consolidation of all human development and social services programs under the Office of Human Development as well as the grouping of all cash assistance payments programs under the Social Security Administration are urgently needed steps," said Maryann Mahaffey, president of the National Association of Social Workers.

The reaction within HEW from those who are responsible for executing policy was just as enthusiastic. Comments ranged from "I think it will help us do our job better" to "We should have done it several years ago."

In fact one senior-level employee of SRS drew up the same reorganization plan in March 1975 and tucked it away in his files, noting that it should occur sometime before July 1977. His reasoning: "It makes sense."

Martin Judge

The Traditional Woman.

Training Family Day Care Pr Different Strokes for Differe

Study shows lifestyle dictates best ap reaching providers.

by Esther Wattenberg

A major barrier to determining how to train providers has been the dearth of knowledge about who they are, their needs and their preferences for types of training.

A two-year project designed to improve family day care training techniques was conducted with the licensed day care providers of an urban midwest county. From this a range of training methods was developed with special attention given to providers who were homebound. More than half of the 922 providers in the program chose to participate in at least one type of training.

The author is indebted to Sally Flax, project director of the Minnesota Family Day Care Training Project, and Darla Sandhofer, research assistant, who provided program material on which a substantial portion of this article is based.

Esther Wattenberg, formerly director of the Ramsey County Family Day Care Training Project Center for Urban and Regional Affairs, is an associate professor at the University of Minnesota's School of Social Work. This article is condensed from her paper Characteristics of Family Day Care Providers: Implications for Training. The entire paper is being published in the spring issue of Child Welfare.

The training options offered included:

- Coursework credited by the University of Minnesota and presented over television and radio.
- Neighborhood discussion groups organized by paraprofessionals and an association of providers.
- Formal classes.
- Courses and training seminars sponsored by area vocational schools and the University of Minnesota.
- Workshops covering special topics.
- Field trips for providers and their children, supplemented by training packets and seminars.
- Self-contained slide/tape presentations developed especially for family day care providers and users.
- Training which was given by paraprofessionals in the homes of providers.

What emerged as the critical factor in training was the lifestyle of the caregiver. They fell naturally into three categories: the traditional woman, the transitional woman and the "modernized" woman.

Testing for 29 variables, the following were found *not* to be significant variables: age, education, family income, marital status, occupation of husband, home ownership, type of home, number of children in provid-

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proach for

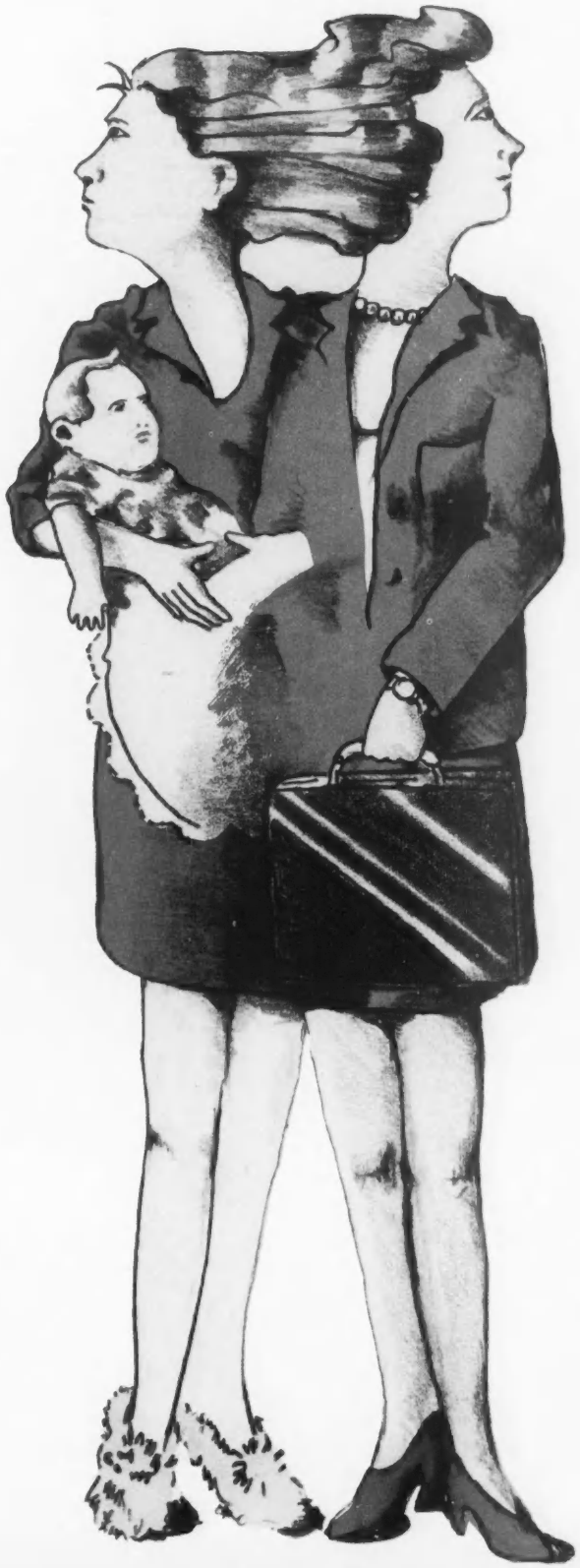
er's family. Of considerable interest is the fact that level of education was not a significant factor in the degree of participation in training.

The Family Day Care Association of Ramsey County (Wisconsin), an organization of providers, acted as consultant and critic in developing the training materials. An additional source of consultation came from providers with successful reputations. They volunteered to review training materials and contribute observations on the progress of program initiatives.

The training opportunities were publicized by newspaper articles, flyers and posters placed in high-trafficed areas in the community and by a telephone chain which was organized by the association. It should be noted that the training options were directed primarily to licensed providers, although the number of unlicensed providers is generally estimated as 90 percent.

Participants selected the type of training they would receive. As an incentive to participate, each provider received a cash award for each day he attended. The incentive was 50 cents per day per child cared for by the provider.

A random sample of 120 licensed providers was divided into four groups of 30 each: (1) "high users" of



The Transitional Woman.

training, defined as those who attended regularly over a several week period and who participated in at least two training options requiring out-of-home attendance. (2) "low users," defined as those who participated in training that either did not require their leaving home and/or participated in training that was episodic (for example, a single workshop); (3) training in the home; and (4) non-participants.

The significant differences in the kind of participation and level of participation were:

- *A licensed driver.* Those who trained in the home or were non-participants were much less likely to have a driver's license even though they had access to a car. (Access to a car was not a significant variable.)
- *Length of time licensed.* Those licensed less than one year were more likely to train in the home or to be low participants. Those with greater than one year of experience were likely to participate to a high degree or not at all.
- *Lapses in providing care.* Those who trained in the home or those who were low participants were more likely to have experienced instability in offering day care, i.e. withdrawing from time to time as providers.
- *Number of children under care.* Those with a full complement of children recorded high participation levels in training.
- *Previous occupation.* Only 53 percent of those who trained at home were ever employed outside the home compared to 93 percent of the high participation group, 83 percent of the non-participants and 78 percent of the low participants.
- *Use of toy resource center.* Those who participated in training outside the home were more likely to have visited the toy resource center and to continue visiting it. It is important to note that a free-standing resource center will not be used unless it is woven into the context of training.

Since the low participation group avoided acquiring the skill of driving a car even though they had access to one, it is our feeling they are homebound by choice. One of the paraprofessionals of this project, a family day care consultant, observed this group. Her synoposis: "They have no adult social life. They are dull and inarticulate, able to communicate at the child's level because they are accustomed to that level alone. Their husbands certainly don't want to hear about day care when they get home at night, so they have no support from the community or from their husbands, and the meager economic rewards don't give them much of a lift either."

The relation between newly-licensed participants and low participation is, perhaps, predictable. Novices, unsure of their commitment to the enterprise, will not embrace training opportunities which are perceived as demanding.

An intriguing discovery was that seasoned providers were likely to be either high participants or non-participants. As a group, the experienced caregiver in the high participation group had the highest use of the toy resource center and had full complements of children under their care, a sign of success. Further, this group was most likely to have had previous work experience outside of the home and to have a record of stability in providing child care. From a series of informal interviews with a random sampling of this group, the most frequently stated motivation for becoming a provider was to ensure company for their own pre-school children. On the average, they had been providers for five years, and licensed providers for two to three years. Their intentions were to return to the labor market when their last child was in school.

Although the other group of veteran caregivers were distinguished by their non-participation, some participated in a peer discussion group where the focus was not on "training" but on exchange of ideas by colleagues. Generally, members of this group are likely to continue as providers at a later stage of their family development, even when their own children are grown.

These providers are not likely to have had a recent experience in the labor market and do not have marketable skills for working outside of the home. They are often involved in a family situation in which the husband does not encourage their working. This group was likely not to have a driver's license. Generally, the group is unconvinced of the value of training for what they consider to be natural ability. Their resistance to structured training, except for peer discussion groups, confirms this observation.

Those least interested in training or willing to participate in it only in the home are novices, mostly newly licensed, and have marked lapses in their availability as caregivers. They have fewer children in their care than the high participants and are homebound. This group had the lowest employment experience outside the home before marriage.

In this group, the entry and withdrawal from caregiving appears to depend heavily on family circumstances: employment status of the husband and health problems of the family. These changes do not appear to follow a pattern.

Traditional woman

The traditional woman is usually defined as being chiefly absorbed in the maternal role. She values her nuturing abilities as a lifetime focus, has a high degree of home-centered activities, considers work outside the home as a last resort, and appears to be satisfied to defer her own needs to those of her family.

The seasoned family day care provider who has a record of stability and competence, and appears to be homebound by choice fits this profile. The low economic rewards of family day care do not dominate her thinking. A good deal of her satisfaction is attained through the wide-spread neighborhood reputation of being a super-mom.

For the traditional woman, the peer learning approach offers the most viable training option. This is because this group is likely to have strong cultural inhibitions to structured learning, and they are already confident of their intuitive abilities in child rearing. In these groups it is important to acknowledge the resources that exist among the providers and focus the sessions on sharing their experiences and skills. While factors of age and education are unimportant in the effectiveness of these groups, having a special interest or skill to share is significant. For those provid-

ers who were either low participants or received training in the home, occasional workshops in the neighborhood are appropriate.

One of the most successful methods of selling the value of training is to hold a neighborhood meeting in the home of a provider, preferably under the auspices of a provider association or paraprofessional staff. In the demonstration project these meetings retained the intimacy of a coffee hour. They were often held with slide/tape presentations, which stimulated discussion.

Once a provider has taken part in some aspect of a program, she is more likely to participate in others. Her participation increases if the first encounter is reasonably satisfying. Interest is cumulative.

Modernized woman

The "modernized" lifestyle is characterized by the woman who accepts and, indeed, seeks additional roles to that of homemaker. She feels relatively little conflict about working outside of the home, is career-oriented, mobile and has many attachments outside her immediate neighborhood.

She may return to the labor market at various points in her life cycle. The modernized profile is consistent with that of the high participant. This provider is committed to a confident and vigorous pursuit of a variety of training, including those with long-term obligations. She has a serious commitment to the enterprise and has the largest number of children under her care of all the groups. (The Sandhofer Study projects that this group represents one-third of the licensed providers who participate in training.)

This group enthusiastically accepted the premise that child care skills are not necessarily intuitive. This group most often asserted that their services are significant and life-shaping for the children under their care. Since they were eager to achieve the awards and certificates of completion, accredited coursework would be appropriate for this group. If the buddy system (each one, teach one) is incorporated, members of this group can help low participants become part of a community network of providers.

Transitional woman

Some participants moved rapidly from low to high participation during the project. These were identified as transitional women. They developed into modernized women.

The provider and parents

One of the maxims of day care is that it should never drive a wedge between child and parent. While information on parent-caregiver relationships is as yet meager, major dissatisfactions of parents have been identified as concerns about supervision, discipline and indifference of the caregiver. Beyond these, however, there was often an unexpressed fear that day care would lessen the child's attachment to the mother.

The experience in the Ramsey County project indicated pervasive tension existed when young children spent a significant number of hours away from parents.

Why the parent-provider relationship is so troublesome is a complex question, but we feel a critical factor is the difference in life-styles which translate into a conflict of values.

A host of comments from providers betray a resentful, envying and even bitter view of women who work outside the home. These comments dominated a large portion of discussions within the project. Consider the comments of one provider: "She drives up, looking like a model, smelling of perfume, earrings dangling and all made up first thing in the morning. Hands over her baby and half the time he's in dirty diapers. She won't even take the time to talk to me."

The cleavage between the woman working at home, engaged in the traditional occupation of child rearing, and the woman who works outside the home emerges with startling clarity throughout the recorded comments of the project. The cultural abyss between these groups despite their interdependence produces one of the more disconcerting ironies of our time.

Our conclusion from this project is that if similar providers are offered the same opportunities, more than half the range of licensed providers will choose training. ■

The Modernized Woman.

HEW Reorganizes To Provide Better Services and Trim Costs.

by Martin Judge, Editor

In the most far-reaching reorganization in the 24-year history of HEW, Secretary Joseph Al Califano, Jr., designated elements of the Social and Rehabilitation Service to be combined with those of other agencies, thereby dissolving SRS.

The objective of the reorganization, according to the Secretary, is to "simplify and streamline HEW operations, and make possible effective program management, sound financial control and coherent delivery of social services." Early reaction to his announcement was generally very favorable.

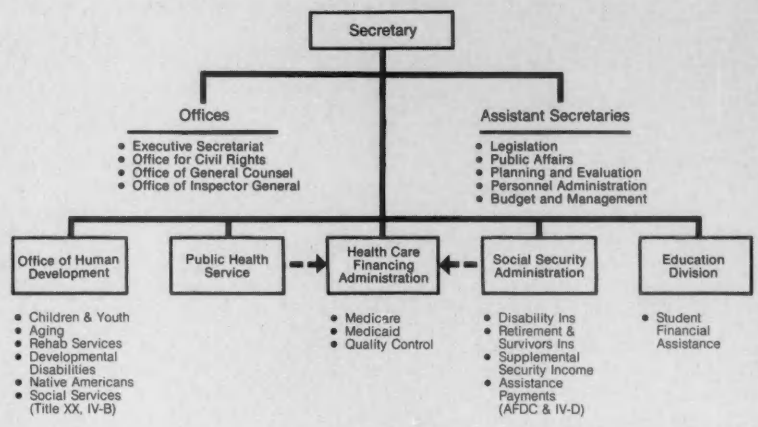
To insure the integrity of SRS programs, the reorganization will not take place immediately but over a period of months—estimates range from several months to sometime before fiscal 1978.

"We want to be certain that while we are effecting the reorganization it is business as usual as far as the programs, the States and the recipients of benefits are concerned," said Don I. Wortman, chairman of the reorganization task force and former acting administrator of SRS.

The major organizational shifts include:

- Creation of a new operating agency of HEW, the Health Care Financing Administration.
- Combining all cash assistance payments programs under the Social Security Administration.
- Placing human development and social services programs under an expanded Office of Human Development.

Summary of Reorganization



The HCFA

The Health Care Financing Administration combines the Medicaid and Medicare programs under a single administrator who will report directly to the Secretary.

Creation of the HCFA has been the subject of extensive discussion in the Congress, including illuminating hearings held last year on major legislation sponsored by Senators Russell Long, Herman Talmadge and Abraham Ribicoff. In addition, a report of the National Governors Conference earlier this year recommended that: "Federal health care finance functions should be consolidated into one major division of the Department of Health, Education, and Welfare."

The basic rationale for merging the Medicare and Medicaid programs is that the operation of these programs involves the same providers, the same quality reviews, the same cost reviews and, to a very large extent, the same or similar payment agents. Central to the improvement of the two programs is innovative management — the development of modern systems for billing, collection and assuring proper charges. With these improved systems, program integrity can be built and reduction of fraud and abuse can be facilitated.

HCFA will have a staff of about 3,800, including a group of 900 devoted to the quality control functions which are essential to detect and control fraud, abuse and overpayments. Included in the staff will be those formerly with the Bureau of Health Insurance of the Social Security Administration, Bureau of Quality Assurance from the Public Health Service and the Office of Long Term Care. The current budgets of HCFA's components total $38 billion.

Cash assistance programs

In the revised organization, both the AFDC and the Child Support Enforcement Programs are transfered from SRS to the Social Security Administration. This is expected to produce greater consistency in program management and better use of staff resources, particularly those concerned with AFDC quality control. The Social Security Administration, which previously administered Medicare, will continue to administer the Disability Insurance and the Retirement and Survivors Insurance programs and the Supplemental Security Income program.

The eligibility process (a means test) for AFDC and SSI recipients and the quality control and review mechanisms involve similar problems of management and operations. Another similarity is the sampling

techniques used to identify error rates. More than 900 persons are involved in the quality control process of the two programs.

Over 3.5 million single-parent families receive AFDC assistance payments under the Federal/State program and 4.3 million persons receive SSI payments. The current level of spending for AFDC is about $6.3 billion of Federal funds and $5.3 billion of State funds. SSI funds total about $6 billion.

Social Services

Under the social services and child welfare provisions of the Social Security Act (Titles XX and IV-B), SRS has been operating services which logically relate to those administered by the Office of Human Development. OHD is now responsible for $1.9 billion in grants for the following: Child Development, Youth Development, ' Rehabilitation Services, Services to the Developmentally Disabled, Administration on Aging and the Native American programs.

The integration of these services will allow a more precise focusing on the individual, the family and the community so as to help maximize individual potential, strengthen the family and build supportive communities.

With the addition of the Title XX and the Title IV-B programs, the OHD budget will increase to over $4.4 billion with a staff of 1,800.

"The Carter Administration's emphasis on reorganization", said Mr. Califano, "is not managerial fascination with box-shifting and line-drawing on an organization chart, but rather a profound dedication to Government that is credible because it is humane and efficient." ■

New HCFA Chief. Designated

Robert A. Derzon is a respected name in the health care field. Not only did he reach the upper rungs of the management ladder during his 22-year career as a hospital administrator, he has also been sought out as a counselor to medical and Government organizations.

When Mr. Derzon was designated as the first administrator of the Health Care Financing Administration recently, he was asked about the future of health care and hospitals. His reply: "American hospitals are going to survive and flourish only if they can meet the real needs of all of our citizens. My experience with the New York City hospitals and more recently with the University of California at San Francisco has been particularly rewarding, because these two organizations have been deeply committed to caring for the full breadth of our population. As in all large organizations, the hard work is to personalize and humanize the services for each individual and to bring to bear good science, excellent physicians, and other skilled professionals. That is what health care administration in the 1970s is mostly about."

In announcing Mr. Derzon's designation, Secretary Califano said: "Bob Derzon has the critical job of reducing error rates and eliminating waste from Medicaid and Medicare, and reining in the stimulus to inflation set in motion by accelerating hospital costs." His credentials should stand him in good stead in this great task.

Mr. Derzon, who was formerly director of Hospitals and Clinics for the University of California at San Francisco, has served as a consultant to HEW's National Center for Health Services Research since last year and has served as a consultant to the Cost of Living Council. He has been a member of the advisory panel on national health insurance for the House Subcommittee on Health and recently participated in the Senate Budget Committee Seminar on Control of Health Care Costs.

Mr. Derzon began his career in the health care field as an administrative assistant at the Rhode Island Hospital in Providence. He progressed to executive posts in successively larger medical complexes and in 1960 was named associate director of the University Hospital at the New York University Medical Center.

From 1966 to 1970, he served as First Deputy Commissioner of Hospitals under the newly-created New York City Health and Hospitals Corporation. In that capacity he played a key role in establishing a public corporation to manage the city's municipal hospital system. He was also instrumental in improving the relationships between the municipal hospitals and the medical schools in an effort to improve the quality of care.

Mr. Derzon is currently vice chairman of the advisory council of the California Health Facilities Commission and is a director of the Bay Area Comprehensive Health Planning Council. He recently completed a three-year term as a trustee of the California Hospital Association.

He earned a bachelor's degree at Dartmouth College and returned for a master's in business administration. He is also a graduate of the University of Minnesota Program in Hospital Administration. ■

Subsidized Adoptions Cut Costs While Creating Happier Homes.

by Ann Klein

When the New Jersey Legislature was considering the enactment of a subsidized adoption law back in 1972, one newspaper editorial pointed out that it gave the lawmakers "a unique opportunity to vote for both motherhood and economy in one package."

That law, which went into effect in July 1973, has indeed had the effect of promoting motherhood — and fatherhood — as well as economy.

As of March 1, 1977, a total of 624 New Jersey children who had been considered hard to place now have permanent adoptive homes as a result of the subsidy program.

The State expects to save more than $125,000 during the current fiscal year in maintenance costs alone. Add to that the savings in caseworker time, which result from an adoption, plus the savings in various support services, such as Medicaid, and the actual amount saved is even more substantial.

The program's primary beneficiaries are, of course, the children. Many of these children suffer from irremediable handicaps and, without the subsidy program, would have had little chance of adoption.

Take the case of Amy McDonald, for instance. Amy was born with Down's Syndrome, a kind of mental retardation commonly known as mongolism. Children with Down's Syndrome have an extremely low intellectual capacity with a high vulnerability to a wide range of physical problems.

When Amy's picture was published in a New Jersey newspaper as part of an ongoing adoption recruitment program of this department's Division of Youth and Family Services it was seen by a couple who were expecting their second child. Since the wife's brother has Down's Syndrome and had worked with children who had learning problems, she and her husband could accept Amy's limitations realistically and not be frightened by them.

The couple receives an $80 monthly payment from the State which provides just enough of a cushion so that the financial burden of a handicapped child was not a factor in deciding whether to adopt.

Extent of subsidy

In order to qualify for a subsidy, prospective parents must be over 18, at least 10 years older than the child to be adopted, in reasonably good physical and mental health, and capable of providing a home for a child. In addition, their income must not exceed a moderate income as defined by the U.S. Bureau of Labor Statistics (currently from $10,460 for a family of two to $23,010 for a family of six). The amount of subsidy depends on family income, which can be adjusted to allow for extraordinary expenses. Maintenance payments cannot exceed 80 percent of what a family would be paid as foster parents to that child.

In addition, children with medical problems at the time of adoption are eligible for medical subsidies paid through Medicaid, a factor which is especially significant in those cases where a child may need continuing medical care or surgery. To date, about 100 children have received this type of assistance.

However, those children without medical problems are taken off the Medicaid rolls at the time of the adoption placement. Had they remained in foster care, all of their medical expenses would have been reimbursed by Medicaid. In addition, those children whose medical problems can be expected to end within a specified time, such as a child who needs an operation or a specific type of therapy, receive Medicaid assistance only as long as it is needed for that problem.

In some cases, the subsidy may take the form of a one-time payment for special services, such as, the legal costs related to the adoption. All of the children available for adoption are classified as hard to place. While most are either physically handicapped or mentally retarded, some are neither but are hard to place because they're over the age of seven or part of a sibling group which should remain together. And there are cases where children who are not siblings should remain together.

Among our first subsidized adoptive parents were a couple we'll call Mr. and Mrs. Patterson. The Pattersons had no children of their own but had opened their home, over the years, to a number of our children. They had already adopted one girl before the subsidy program. In 1973, they had three foster children ages

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Ann Klein is commissioner of New Jersey's Department of Human Services.

eight, seven and four. Since the three children had been together for more than three years and were very close, the division wanted to place them together. The Pattersons could not afford to adopt all three of them — before the subsidy program — and agreed that they should not be separated. Today, because of the subsidy, the Pattersons are a real family.

Single parents

Not all adoptive parents are couples. New Jersey has been placing children with single parents for a number of years now, and some of them have qualified for subsidies.

Take the case of David. David came under division guardianship as a result of child abuse. Because he had been badly battered as an infant, he suffered from a number of developmental problems. At the age of six, when he was adopted by a 32-year-old bachelor, his speech was garbled and his motor coordination was that of a three-year-old.

His new father had no trouble accepting David's limitations and was prepared to provide him with the kind of undivided attention he needs to reach his highest potential — although no one can tell, at this point, what that potential may be. David's subsidy is providing the means by which he can receive the continuing — and expensive — therapy he needs.

Most adoption agency workers would agree that the toughest — and most heartbreaking — cases are those children for whom there isn't even a possibility of improvement, but whose condition can be expected to worsen as they get older.

Two such children are Jimmy and Richard, both eight years of age. Jimmy was born with spina bifida, a hole in the spinal column which was closed surgically. Jimmy is mentally retarded, hydrocephalic, and paralyzed from the waist down. Richard is also mentally retarded and suffers from a neurological impairment which can be expected to become progressively worse as he matures. Both boys have been adopted by their former foster mother, a cheerful widow in her forties whose household also includes her teenage daughter and her mother:

Had Jimmy and Richard not been adopted, it is almost certain that they would eventually have had to be institutionalized. The current annual cost of caring for teenagers or adults with handicaps such as theirs in one of our State institutions is about $10,000.

Cost savings

Maintenance payments to adoptive parents, paid out of New Jersey's State Aid account, which also provides funds for foster and institutional

Recruiting Parents

We are convinced that for every hard-to-place child available for adoption there is, somewhere in New Jersey, a family for that child.

In order to find these families, the division has established a recruitment program aimed at making every New Jersey citizen familiar with the division and its needs.

The program, which seeks both foster and adoptive parents, has included such standard publicity efforts as posters, flyers, newspaper feature stories, and radio and television public service spot announcements. It has also included some not-so-standard publicity:

- Mailers and flyers in monthly bank statements.
- Shopping center displays.
- Brochures passed out in the schools for children to take home.
- Items in church bulletins and school newsletters.
- Booths at county fairs.
- Speakers at PTA meetings and other community organizations.
- A slide show featuring children currently available for adoption.

The division also publishes an *Adoption Resource Directory* which is updated monthly. Printed in loose-leaf format, it includes pictures and case histories of children currently available for adoption and is widely distributed to adoption and social service agencies. A quarterly newsletter using the same pictures and case histories is distributed by caseworkers. In addition, a number of New Jersey newspapers feature stories about these children.

The recruitment effort is handled through the division's four regional foster homes and adoption resource centers. These centers are responsible for screening, approving and training both foster and adoptive parents.

During the past six months, our adoption workers have received additional training in recruitment techniques from Rutgers University's Department of Human Communications. It was part of a Section 426 Federal training grant.

The regional offices give regular parties for children who have been legally cleared for adoption. The children are unaware that the parties have any purpose beyond having fun, but they are actually a means of bringing together the children and the prospective parents who have been approved for an adoption placement. The prospective adoptive parents have an opportunity to get to know the children in a relaxed atmosphere, and can call the agency later to express interest in a specific child. These parties have been extremely successful in leading to adoption without risking the nervousness or the potential for disappointment that always exists when a prospective parent visits individually with a child.

Does an aggressive recruitment campaign work? Let's look at results. During the 1975-76 fiscal year, we placed 495 children, more than half of whom were classified as hard to place. That's more than a 25-percent increase over the previous fiscal year in both total placements and hard-to-place children.

Its significant to note that this increase came about with no increase in our adoption staff. We're obviously doing something right. ■

placements of children, were $361,000 in fiscal 1976 and are projected at $500,000 for fiscal 1977. Since each child receiving maintenance under the program may remain under subsidy until reaching the age of 18, these payments can be expected to increase each year, as more children are placed. (Of course, the family's eligibility for subsidy is evaluated annually and adjusted or removed, as appropriate).

Each child placed under subsidy, however, represents a saving to the State of at least 20 percent of what maintenance of the child would have cost in foster care. Thus, the savings for fiscal 1976 total at least $90,250 and for fiscal 1977, $125,000. The actual savings are greater for two reasons. One is because in many cases the maintenance subsidy is actually less than 80 percent of the foster care cost. The other is because the subsidy does not include the savings in casework services or Medicaid assistance, for which all children in foster placement are eligible.

But the savings in money, however important, pale in significance when one considers the program's benefits to these children.

Under New Jersey law, an adoption cannot be finalized until the child has been in the home for at least six months. During this period, division case workers monitor the child's adjustment and development.

Though the minimum visitation requirements during this time — for any adoption placement — is one visit every two months, our case workers keep in much closer touch with our hard-to-place children, frequently visiting as often as twice a week. These visits are always by appointment or at least preceded by a telephone call.

After the adoption has been finalized, the only contact the parents need have with the agency is the annual financial review, which is done by mail. The review is much like filling out income tax forms. Should problems develop, however, the division can provide counseling, support services or referral to other agencies.

Caseworker reaction

Among the program's biggest boosters are our caseworkers, particularly those who remember what it was like before the subsidies were available.

All too often these caseworkers were faced with the terrible decision of whether to place children in an adoptive home when they were happy and doing well in their foster home. In many instances, the foster parents simply could not afford the financial burden of adopting their foster child. In cases like this, the caseworker was in a no-win situation. If adoptive parents could be found, the children would still have to undergo the trauma of removal from the foster home where they had a certain sense of security. On the other hand, if the children remained in the foster home, they would never have the real security of a permanent home.

Of the 624 children placed for adoption under the subsidy program, 508 of them have been adopted by their foster parents. This five to one ratio has remained constant since the program began. We think that's a pretty good indication that the program is working in a way to provide many of these children with a continuity of care. We know, right now, that there are a number of foster parents who will jump at the chance to adopt their foster children if they become available for adoption.

The subsidized adoption program is an essential part of our adoption effort. It is also one of very few government programs that can actually save money while, at the same time, achieving a significant social aim. But what is most important, it can often eliminate the only obstacle standing in the way of a child finding a happy, permanent home. ■

Are you accused of throwing money at the problem?

The real story is in this brochure which is designed to tell about the war being waged against errors by states and the federal government.
The Quality control system involves continuous investigation of samples of medicaid claims, defects, apparent errors and recommends investigations and corrective action.

Record

Quality Control in Aid to Families with Dependent Children is available without cost

Separation of Services Approach Is It Working?

by Robert H. Sebring

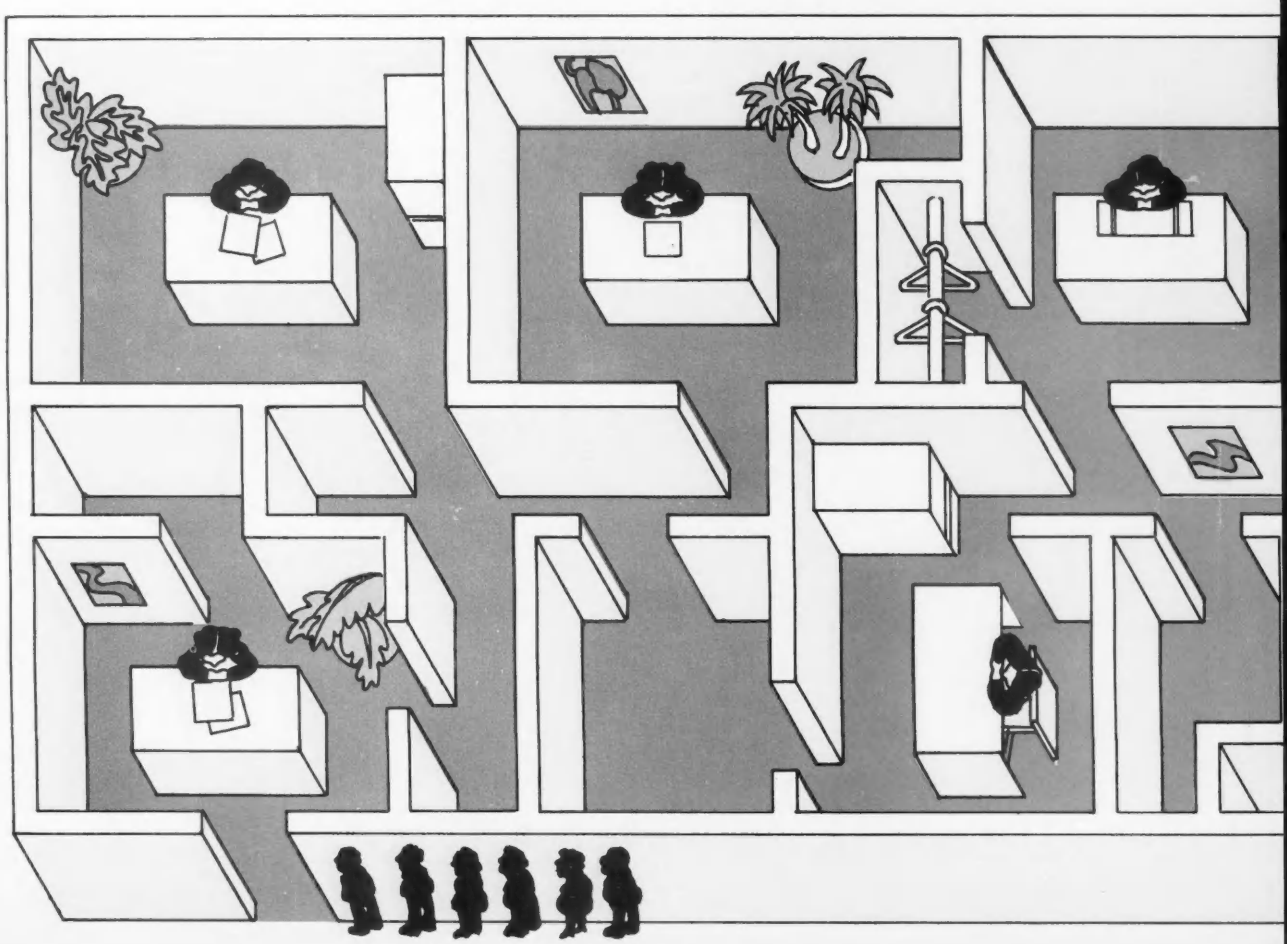
Today, with Title XX of the Social Security Act no longer requiring separation of income maintenance and welfare functions, many State welfare departments are re-examining their original commitment to separation. Chronically low budgets, State hiring freezes, Federal and State priorities on income maintenance, pressures to cut welfare spending and the emphasis on purchase of services are some of the factors affecting the future of separation.

To determine the attitudes toward separation of services, 2,671 social services workers in county assistance offices throughout Pennsylvania were surveyed.*

The survey was designed to determine attitudes toward: (1) job satisfaction; (2) on-the-job training; (3) staff development and training; and (4) separation of services, purchase of services, evaluation of services, case management and resource development.

In addition, a variety of demographic data was also collected which produced a profile of the individual offices including socio-economic status, educational background and job classification *(See box on following page).*

Robert H. Sebring is an assistant professor in the Division of Community Development in The Pennsylvania State University's College of Human Development.



Separation of services

The survey revealed that most social services personnel were ready to accept separation of services and to receive training for it. A majority of those interviewed regarded separation as an "up-and-out" promotion and as an opportunity to apply their social work skills to help others. In other words, despite the fact that slightly more social services workers in separated counties reported their job stability and promotional opportunities as below average, it seems that the opportunity to apply their skills to help clients and improve their job status and recognition were more important.

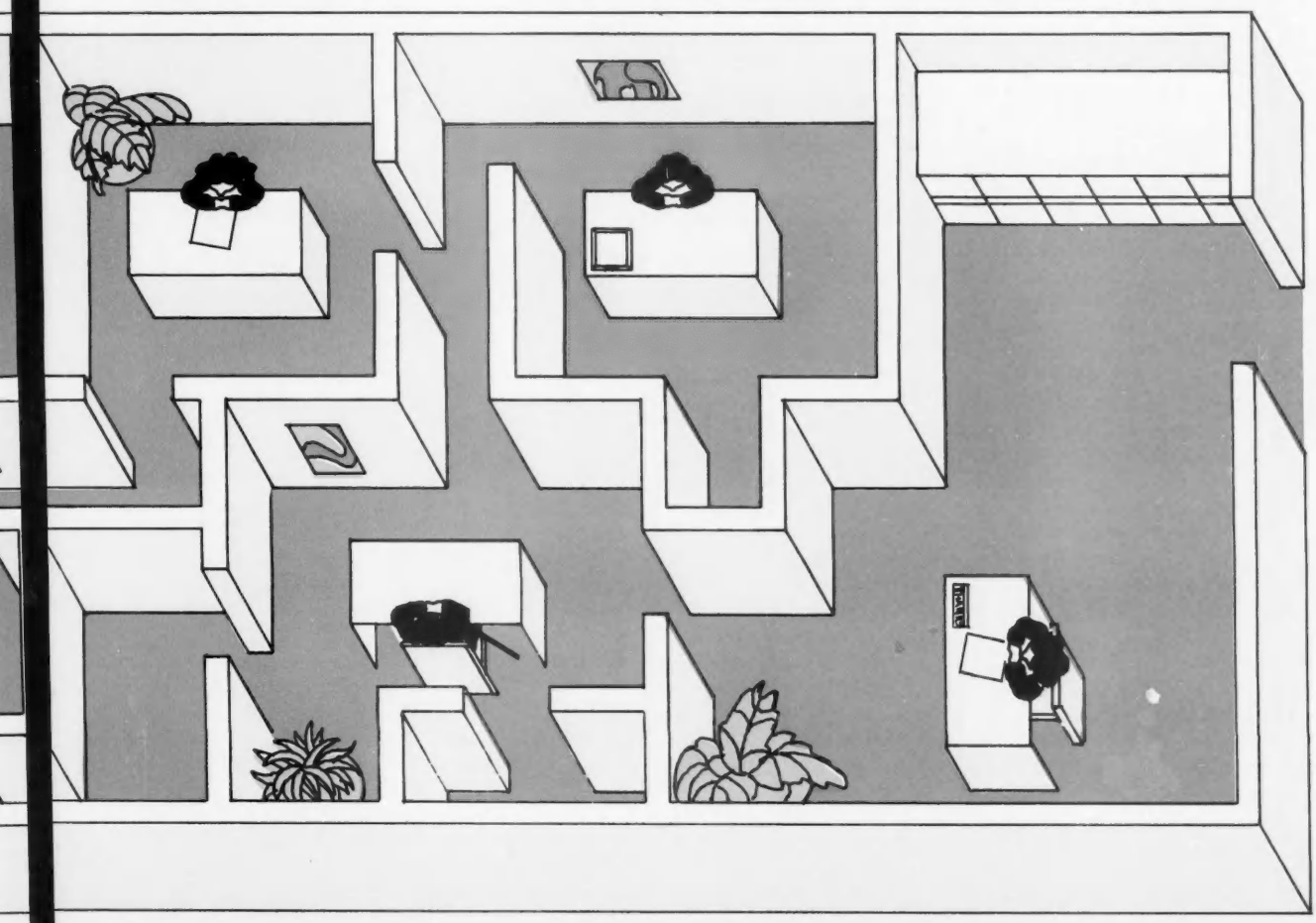
Nearly 72 percent of those surveyed were either favorable or strongly favorable to separation of services, with 76 percent of the personnel in separated counties favoring it compared to 67 percent of those in unseparated counties.

When asked if they favored a case management system, only a slight majority (51.8 percent) said yes. According to follow-up interviews, serious problems to implementing the case management approach were caused by the State's crash approach to achieve separation, the lack of training and technical assistance, the self-declaration system (which doubled caseloads) and the income maintenance staff's resistance to "pooling." As one executive director put it, the case management system was "too cumbersome." Cases and clients were "lost," cases were closed by one department without the other department's knowledge and referrals were made incorrectly.

When asked if they favored purchasing social services rather than direct delivery, 66.6 percent were either unfavorable or strongly unfavorable toward purchasing. More social services personnel in separated counties (72 percent) were opposed to the purchase of services than those in unseparated counties (64 percent).

It is not surprising that in the follow-up interviews a major reason for the staff's unfavorable attitude toward purchasing services was that it threatened their jobs. Furthermore, many social services personnel registered serious doubts about the quality and effectiveness of purchased services. The lack of client access to these

* Interviews were first conducted in 1974-75 by Project START and a Department of Public Welfare's Social Services Training Task Force that formulated training and programs to facilitate separation in the State. At that time Title XX had not been implemented, therefore, one-hour follow-up interviews were conducted in the summer of 1976 with 22 key staff members in county assistance offices in five counties in Pennsylvania. Subjects were selected for their experience and to give a cross section of county offices.



Social Services Workers Responses to Separation of Services.

Issue	Percent Strongly Favorable or Favorable		Percent Unfavorable or Strongly Unfavorable		Total Respondents
	number	percent	number	percent	
Separation of services	975	71.6	785	28.4	2,761
Evaluation of services	2,444	88.5	317	11.5	2,761
Case management	1,428	51.8	1,332	48.3	2,761
Resource development unit	2,322	84.1	438	15.8	2,761
Purchase of service	918	33.3	1,839	66.6	2,761

Education and Job Satisfaction.

From the interviews, it appears that successful separation of services at the local level depends a great deal upon a well-trained and well-coordinated staff, backed up by an executive director committed to separation.

Most of the respondents in this survey (79.1 percent) have had four or more years of college, with 68 percent holding a bachelor's degree. Nearly 50 percent entered a human services career after college. Slightly more than 40 percent of the college-educated respondents did not major in human services. Of those who responded that salary, job status and recognition, job stability and promotional opportunities were below average, 42 percent graduated in major fields of study other than social welfare and human services education.

Most social services workers were satisfied with their assignments, job conditions, income and, to some extent, their status and recognition. In addition 80 percent preferred the human services mission of helping others. About 70 percent indicated their responsibilities had increased and nearly one-half rated promotion opportunities below average.

Follow-up interviews revealed that a combination of increased responsibility, poor promotion opportunities, and little control over or input into job conditions and policies led to a feeling of powerlessness and frustration among a number of social services workers.

Interviews showed that slightly more social services workers in counties where separation existed (86.7 percent) said they preferred human services over other professions compared to 76.4 percent in unseparated counties. Slightly more social services personnel in separated counties rated their job status and recognition above average, but rated their job stability and promotional opportunities as below average.

Follow-up interviews revealed that Pennsylvania's 1974 hiring freeze, the lack of a social services career ladder, and the increased use of purchasing services under Title XX were contributing to these feelings of job insecurity. For example, since the hiring freeze, a number of social services personnel have been transferred to income maintenance.

services — especially the more middle-class-oriented services like family planning and family services — was another primary concern. In other words, many of the social services workers interviewed felt that the broadening of eligibility requirements under Title XX, which permits 50 percent of the Federal funds to be used for services to persons not receiving public assistance, would result in the more educated, informed middle-class clients taking advantage of these services at the expense of the welfare recipient.

A number of social services staff members registered concerns about the purchase of services further fragmenting services. They were also concerned that staff did not have a role in planning, coordinating, monitoring and evaluating purchased services.

The five county assistance offices selected for the follow-up interviews varied according to size, geographic location and reported success with separation of services. Two were in an economically depressed rural area, while the others were in medium-sized industrial and manufacturing cities (150,000 to 250,000 persons). The rural offices had small staffs and small but fairly active cash-grant caseloads. The other three offices had large staffs and large, active cash-grant caseloads.

Our conclusion is that with the exception of one city office and one small rural office, separation was not working well. According to one county executive director, "Separation was never given a chance to make it." A social services worker added, "Separation got out of hand with purchasing services, to the point where now you're nothing but a bookkeeper and a paperpusher."

External problems

According to the interviews, lack of a strong commitment to separation was a major reason for its failure. Most staff members said that the central office did not provide adequate support, direction or technical assistance to help them define the separate functions nor did the central office train the social services staff for their new roles.

As one executive director put it:

"You don't know where Harrisburg stands on Title XX. The counties are winging it."

County officials said that separation was implemented too rapidly without sufficient thought in working out the interface between the income maintenance and social services departments.

On the other hand, several county officials felt separation was working fairly well, that is, until Pennsylvania faced a freeze on hiring new employees.

Because of this freeze when vacancies occurred in income maintenance, most county executive directors transferred social services staff to fill them. As a result, one social services supervisor reported her staff dwindled from 40 to 20 and "decimated social services." With staff cuts, income maintenance workers — the largest source of social services referrals — became reluctant to refer clients, social services programs deteriorated and social services staff morale decline sharply.

The paperwork required by Title XX caused a disproportionately large amount of time spent by the social services staff. For example, one social services supervisor said three MSWs had to devote all their time filling out forms. A time study performed at one county assistance office revealed that 26 percent of the social services staff time was spent completing Title XX forms.

Title XX, and more particularly the emphasis on purchasing services has practically ended separation of services in Pennsylvania to the point where the department no longer writes social services programs for separated counties.

The increasing complexity of public welfare programs together with the constantly changing Federal and State regulations and eligibility standards was another detrimental external influence affecting separation of services.

Furthermore, almost all of the local welfare staff interviewed said that policies were written so broadly it was extremely difficult to pin anything down. Income maintenance workers' records in Pennsylvania are subject to review by four separate auditing agencies (Federal Government, Department of Welfare's quality control, the State auditor general, and State Welfare Educational Employment Program). State and local priorities appear to many staff members to be on income maintenance rather than on social services.

Organizational problems

Poorly trained staff and an inadequate number of staff to handle the caseloads were two major problems.

Due to the hiring freeze, most county offices were understaffed. In addition, a large portion of social services personnel did not receive their undergraduate training in human services and indicated a desire for further training. The result was an inadequate staff both in terms of training and size.

Separation of services confused clients. There were sometimes as many as three or four welfare staff members working on a single case. Consequently, the client had to repeat his problem several times and many became confused about whom to ask for what. Some clients became upset because they felt they were getting the runaround.

A substantial number of staffs, particularly income maintenance workers, felt that separation of services was an artificial separation because money cannot be separated from social problems.

From the interviews, this philosophical belief sometimes resulted in income maintenance workers carrying out their own client referrals. When this occurred, social services staff accused them of doing social services work. These philosophical differences helped contribute to communication breakdowns and inter-departmental conflicts.

For instance, one source of jealousy was the income maintenance workers' belief that social services was not carrying its fair share of the welfare caseload. Most income maintenance workers felt they were doing all the work while the more educated, highly paid, "elite" social services staff "sat around and talked." Furthermore, income maintenance staff complained that social services workers did not respond quickly enough on referrals, coddled the clients and expected everyone to get a cash grant — even the borderline cases.

Social services staff, on the other hand, responded that followups take time, social services work is more unstructured and the community resources needed to meet client needs did not exist.

Advantages of separation

Despite the problems of separation, a majority of the staff interviewed continued to support separation of services. In addition, most of the staff felt that separation improved the effectiveness of the social services worker in delivering services.

Separation successfully reduced the social services staff's caseload. It also, for the most part, eliminated eligibility determination and redetermination functions, bi-monthly quota deadlines, and the attendant audit inspection pressures. Consequently social services staff was able to work more closely with welfare clients and their problems. As one social services worker put it, "Separation gave us a chance to do our job."

Another desireable change was the increased opportunity for social service workers to do more outreach and casefinding. About one-half of the staffs, for example, reported that separation helped social services staff learn more about community resources, to serve on other agency boards and on several occasions, to engage in some community organizing.

A majority of those interviewed believed that separation was not very economical. In fact, because of the need to fund two staffs and, in some instances, two separate buildings, the consensus was that separation was more costly than the old joint-function caseworker approach.

In conclusion, it appears that, had effective in-service training and organizational changes occurred to implement separation and achieve the appropriate balance between differentiation and integration, that separation would have helped social services workers meet their personal and professional goals of obtaining more training and working more closely with clients. ■

California sued by welfare rights groups.

Five welfare rights groups have sued California and 55 of its 58 counties for failing to conduct cost-of-living studies to determine what the level of general assistance should be for the 50,000 persons in the State receiving it.

The welfare rights group said that counties arbitrarily set a ceiling for general assistance funds and that they did not even pay out all those funds.

The suit against the State was brought for not providing standards for counties to hand out grants. The group contends this encouraged inequities for recipients in the counties, which they said is unconstitutional.

Court orders are being sought to:

- Require cost-of-living studies and formation of new grant standards based on those studies.
- Prohibit substitution of food stamp program money for local welfare grants.
- Declare unconstitutional State laws that delegate administrative authority to counties but set no standards for them to follow.

Separate litigation against San Francisco and Stanislaus Counties is pending, leaving only Los Angeles County which has not been sued. Attorneys for the plaintiffs said Los Angeles County administers the program fairly.

Limit on hospital stays upheld for Va. Medicaid.

A U.S. District Court has ruled that Virginia's 14/21 day limit on inpatient hospital services is sufficient to meet Federal requirements for Medicaid patients.

The Virginia Hospital Association and a group of Medicaid patients charged that the 14/21 day limit was a violation of the Federal requirement that a State Medicaid program must be reasonably sufficient to provide adequate care to all beneficiaries.

The suit was brought against the State's Department of Health and former HEW Secretary David Mathews for nonconformity with Federal requirements of Medicaid law.

Curbing unhealthy habits is aim of Mass. program.

Encouraging people to curb bad habits which lead to poor health — and in some cases early death — is the objective of a program launched recently by the Massachusetts Department of Public Health.

The three-year program will focus on illnesses linked with such practices as smoking, overeating and excessive drinking which are associated with lung cancer, heart disease, stroke and cirrhosis of the liver.

The program's first year of operation is expected to cost $300,000.

A newly created Division of Preventive Medicine in the State Health Department will supervise the program. James Hyde, program director, said this program would not be an effort to interfere with people's lives, but would try to find ways to motivate them to want better health.

Efforts will also be made to reduce injuries and deaths resulting from accidents, attacks with weapons, homicides and suicides.

Restitution and jail for welfare defrauders.

Five Illinois welfare recipients convicted of fraud have been ordered to repay a total of $28,000 and, in four of the cases, serve jail sentences as well. The fifth was placed on probation for two years.

Sentences were imposed so the defendents' employment would not be jeopardized. An example of sentences: four months of weekends in the county jail.

Evidence gathered by the State Welfare Department's East St. Louis Special Investigations Unit led to the trials and convictions.

Language barrier stirs welfare protest.

Claiming they were not informed of Connecticut's new emergency program to assist welfare recipients with fuel payments, some 30 Spanish-speaking welfare recipients are de-

manding the State pay their utility bills.

The new emergency program is said to have been reported only in the English-language news media. In Connecticut, Spanish-speaking persons make up about 20 percent of the State's welfare caseload.

Those protesting, members of a Hartford organization, want the emergency fuel program explained to them in Spanish and, in addition, they want to be told in Spanish how much their welfare grants allow for rent, fuel and other expenses.

Social Services Director Edward W. Maher agreed to respond to the group in writing as requested.

Medicaid ineligibles cost NY $200 million yearly.

Payments for ineligible Medicaid recipients cost New York State some $200 million annually, according to State Social Services Commissioner Phillip L. Toia.

Sixty million of that amount results from recipients concealing income and other resources when interviewed at New York City hospitals to determine their eligibility.

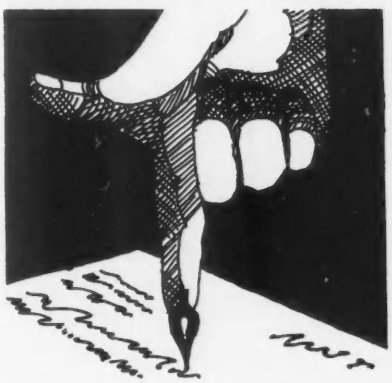
A contributing factor to this problem is that institutions have no incentive to carefully screen patients who claim coverage, since the hospital is paid whether or not the patient is eligible.

To encourage more careful checks, the State will begin rating hospitals for their performance. Hospitals not showing improvement will be granted time to improve and will be disqualified from making their own eligibility determination if improvements do not occur.

Most of the payments to ineligible persons occurred in the "Medicaid only" eligibility segment — those in need of medical assistance but not eligible for public assistance payments.

A department audit of the Medicaid program for October 1975 to March 1976 revealed that local governments and the State needlessly spent $100 million for those not eligible for Medicaid.

Letters to the Editor



Returning welfare checks is nothing new.

To the Editor:

This letter is to express my objection to the headline of a news item, "A new twist: money returned," found in the October 1976 issue. This heading implies that there are very few recipients or former recipients who return funds which were received by them in error, because the administrative mechanism could not close their cases fast enough to stop the last payment or two from being mailed, or because they wish to repay the assistance they had received.

The State of Michigan receives tens of thousands of dollars a year from recipients who have received grants under these circumstances. Because of the actions of a small percentage of recipients, the total population continually receives negative publicity.

Jerrold H. Brockmyre, Director
Bureau of Assistance Payments
Department of Social Services
Lansing, Michigan

Mr. Brockmyre has been invited to write an article about recipients returning cash grants. It will appear in a subsequent issue.

—The Editor

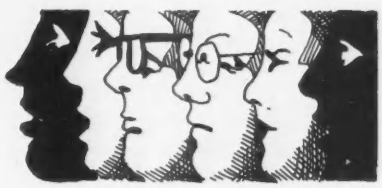
Magazine found helpful.

To The Editor:

I want to take this opportunity to inform you that my agency finds your magazine very informative.

"A Brief History of Social Services" was a well written series. I share this magazine with both my Income Maintenance and Services Staff.

John R. Koch
Director
Department of Social Service
Cecil County, MD



Robert Fulton, former Administrator of SRS, has been appointed senior analyst for income security and welfare programs for the Senate Committee of the Budget.

Arthur F. Quern has been named director, Illinois Department of Public Aid.

James G. Kagen has resigned as director, Division of Youth and Family Services, New Jersey Department of Human Services. **Harold P. Rosenthal,** assistant division director, has been appointed acting director.

Lloyd E. Rader, director of the Oklahoma Department of Institutions, Social and Rehabilitative Services, is one of the nation's first recipients of the National Governors' Award for Distinguished Service to State Government.

Peter M. Wynn has been appointed deputy commissioner for administration of the New York State Department of Social Services. Among Wynn's administrative responsibilities will be the State's centralized fraud and abuse unit for Medicaid. Prior to his appointment, Mr. Wynn was international marketing manager for the Electronics Component Division of the Burrough's Corporation.

"The fragmentation of day care responsibility is due to the lack of a strong national policy on day care . . . a national policy that really relates to American families and children."

Theodore Taylor: A Comprehensive System for Children.

"The costs are astronomical because we have not tied in the private sector . . . We must take advantage of what both the public and private sectors can offer to fashion a system to meet the needs of all."

To speak to the question of a comprehensive program of care for children, The Record *interviewed Theodore Taylor, executive director of the Day Care and Child Development Council of America, which is a national children's advocacy organization supporting a comprehensive system for children. The council works at the grass roots level with groups involved in activities ranging from foster homes to day care centers. This article does not necessarily reflect the views of HEW.*

THE RECORD: Conventional day care is usually an 8 a.m. to 6 p.m. operation. Do you believe this is sufficient?

TAYLOR: Our examination of the whole question of care for children shows that Americans just do not work 8 a.m. to 6 p.m. — they also work from 4 to 12 and 12 to 8. In addition, children may not need care on a full-time basis. In many cases they may only need it part time, such as when there is sickness in the family, death or hospitalization of some key member of the family. Also there are some eight or nine million families with single parents, many of whom need support if they are to continue working.

THE RECORD: That sounds ideal, but it also sounds expensive. How do you envision this happening?

TAYLOR: We did a lot of statistical work for both the first and second Comprehensive Child Care Bill. We worked, first of all at the community level to determine the character of the need. There are some misnomers about the blanket aspect of child care. There is a whole different character to the delivery of child care for the Florida migrant worker as opposed to a middle class suburbanite. In trying to determine the type of child care best suited for a particular city, we must consider such things as the nature of the industry that attracted people to the city.

This approach is quite different from the decision-makers at the Federal level who tend to put all of those needing child care into one lump group. Our work is aimed primarily at determining local needs and, hopefully, we are able to get information to decision-makers that helps them make correct decisions.

RECORD: How would this be financed?

TAYLOR: The legislation setting up the program would include the necessary funds to implement it. The legislation might take the form of a special revenue sharing bill with block grants to States, counties and cities under goal-related formulae. Categorical block grants for human services would have the advantage of creating local flexibilities to accommodate local needs.

THE RECORD: Who should be responsible for administering the day care program as you have outlined it?

TAYLOR: The delivery of child care at the moment, is divided between public and private nonprofit and proprietary child care. Sixty-five percent of all of the child care delivered in the United States is delivered primarily by the small proprietary child care centers.

They can be family day care homes, small mom-and-pop centers or larger chain-operated centers. The last group has formulated itself into a national organization.

But while the smaller family day care operations have some relationship to Title XX, they remain relatively out of the mainstream of the child care groupings. The public and non-profit centers are much more in the public eye because there is legislation, either Head Start or Title XX, that relates to these groups.

THE RECORD: Which if any of these delivery mechanisms do you favor?

TAYLOR: Rather than single out a specific system, I feel the system ought to be based upon what now exists.

The educational system can, however, play an important role in fashioning the system as long as the system allows decisions by parents. Parents need to have the option of where to place the child.

The educational system is a power in its own right that people in the community cannot match without some kind of resource. Outside of the limited kind of PTA kind of activity, the people in a given community are no match for the power of the educational system. The question is whether or not the American people will have enough power to make decisions in the face of institutions that govern so much of their lives.

So the real issue for me is the building of these institutions to reflect the interests of the people. We have spent millions and millions of dollars on studies over the last 20 years. We

"The educational system can however play an important role in fashioning the (day care) system as long as the system allows decisions by parents. Parents need to have the option of where to place the child."

need to collect them and sift through them for useful data.

THE RECORD: Do you agree with the view that day care should be handled like a public utility?

TAYLOR: Some aspects of child care need to be handled as a public utility. But the delivery of child care in this country is a complicated system, and there is no way that a single organization can provide day care since the nature of the need varies from community to community and from parent to parent. For example, what would you advocate on an Indian Reservation? What would you do in the core cities? The key question here is who, in the final analysis, delivers the service at the community level. That is the issue.

The day care program should provide stipends for those who are most in need. There should also be some provision for those who can pay some portion of the fee and for those who can pay their entire way. Once this system takes root, it will gradually get cheaper to operate. The costs are astronomical because we have not tied in the private sector, the private sector being the people who are outside the welfare system. We must take advantage of what both the public and private sectors can offer to fashion a system for all.

THE RECORD: The Federal Government has developed new regulations to improve the quality of day care. Are they working?

TAYLOR: Let me first speak of regulations in general. If regulations start from the premise that there is too much welfare, that people are getting away with murder and, therefore, we need to establish regulations, that slows the process down and restricts groups from doing A, B and C. We frown on that kind of regulation.

We favor and will work with the Federal Government to establish regulations that both insure proper control and enable groups to provide the services that communities and families need.

THE RECORD: Don't the new regulations do this?

TAYLOR: I believe they will, once they are clarified. They are rather complicated and, as a result, are interpreted differently by almost each State. For instance, there is confusion in the interpretation of the training regulations.

We need a clarification of why we make regulations. Once the regulation is made, if it is an enabling regulation, then there needs to be clarification in the interpretation of the legislation and assistance given to States and communities so that they can avail themselves of the money.

If the intent of Congress is to appropriate money and the program gets bogged down in regulations so it is not useable, then the regulations are tantamount to circumventing the intent of the legislation.

THE RECORD: Can you give us some examples of these differences in interpretation?

TAYLOR: On the point of training, there has been confusion in the interpretation of that regulation which has had the effect of curtailing services to the community as opposed to enabling them to have the services.

Under Title XX training can only be given to the actual providers of services, such as teachers and the like. But there are other supportive occupations which in a sense provide services which add to the quality of day care. Could they too be trained? The question then is what is a provider of service?

THE RECORD: Some say the problem with day care is that the responsibility is divided among various agencies. How do you feel about this?

TAYLOR: I feel the fragmentation of day care responsibility is due to the lack of a strong national policy on day care. I'm talking about a national policy that really relates to American families and children.

At this time there is no clear national policy on human services. Consideration of human services and child development is within the context of other pieces of legislation administered by literally hundreds of different government offices. Programs have been shaped to available funds, with little or no long-range planning and extremely limited coordination. As a result a fragmented system has evolved, fostering gaps and overlaps in services.

The cause of the fragmentation stems from the Federal level. Monies flow to the cities and counties through the categorical approach such as Head Start, parent and child centers, demonstrations of one form or another, and through Manpower and CETA from the Labor Department.

THE RECORD: Sweden's approach to day care has received many favorable reviews. Would you like to see a national policy for children similar to what Sweden has?

"Most people do not want to avail themselves of the current system because they think the programs are inferior . . . to participate with welfare children is to relegate yourself to a certain level."

TAYLOR: Yes. I think we ought to have a long-range goal and move toward some of the better systems. Sweden does have one. And this is the piece that I am talking about that is missing in the American society — a national policy.

THE RECORD: What do you recommend to bring about a national policy for day care?

TAYLOR: We feel the Administration should establish a commission to study the whole question of children's services in the United States. The commission should not be rushed. It should be given at least a year and it should be given an adequate budget.

At the conclusion of that year, there should be a White House Conference to decide on the best approach.

The composition of that commission would be the key to the project. The commission should be composed of people who work in the various areas of delivery and people who are close to primary markets — close to minorities, close to the cities. In addition to knowledgeable people on the commission, the best and most comprehensive resources should be made available. Under this situation, I think we would wind up with the kind of delivery mechanism in this country that would be second to none in the world.

THE RECORD: In this country there is a relegation of child care to welfare centers and for this reason those outside the system do not want to participate. How can we make day care acceptable to all who need it?

TAYLOR: You're right, most people do not want to avail themselves of the current system because they think the programs are inferior. They feel that to participate in child care programs with welfare recipients is to relegate them to a lower level. This is a problem that needs to be treated.

THE RECORD: Do you think people who can afford to pay for child day care would seek a facility on their own socio-economic level?

TAYLOR: They do so now because of the welfare connotation associated with public day care systems. However, I feel if we can do some of the things we have discussed here we can make public day care more attractive and draw some of the paying customers.

THE RECORD: Do you think the new tax credit will help achieve that objective?

TAYLOR: Yes. It is 20 percent now and I think it really needs to be increased. These are the kinds of things that can reduce the cost of child care and make it an American system as opposed to a welfare system. I am very uncomfortable with the relegation of children's services to a welfare status. ■

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Publications and Films

Please address all inquiries and Requests for publications and films to the addresses in the listings. Items for review should be sent to Wilma Chinn in care of The Record.

Publications

Behavioral Intervention: Contemporary Strategies. W. Robert Nay. Halsted Press, division of John Wiley & Sons, Inc., 605 Third Avenue, New York 10016. $19.95.

This book presents major categories of treatment methods used in the behavior-oriented literature. It defines theoretical and practical aspects of the procedures in behavioral intervention and integrates various views of contemporary treatment methods. Features include:

- Training procedures and issues to assist the behavior change agent in constructing a program of training in the treatment setting.
- A chapter on ethics and contemporary issues suggested by court decisions which may limit and define what the change agent can do with clients.
- Numerous case examples and illustrations of methods.
- Methods of human services delivery.

Summary Report of the Home Living Assistance Project for the Aged and Handicapped in New Brunswick. Lola Wilson. Policy and Program Development and Coordination Branch, Dept. of National Health and Welfare, Ottawa, Canada.

This project was designed to fight winter unemployment in New Brunswick by creating jobs offering help to the disadvantaged. This help took the form of protective oversight and handyman/handywoman services in the recipients own homes.

As a result of this project, 155 persons were employed for 21 weeks. In the 1,082 households where the various services were performed, improvements were made in nutrition and the environment.

Services outside the home included shopping, doing errands, accompanying clients to medical appointments, etc. All services provided companionship and increased satisfaction in daily living.

Social Welfare Forum 1976. National Conference on Social Welfare. Columbia University Press, 562 West 113th Street, New York 10025. $17.50.

The 103rd Annual Forum was held in Washington, with the theme "Advancing the Humane Society: the Unfinished Agenda of Democracy.

This volume presents papers from that meeting that provided a critical view of human services from a historic perspective. Papers include: Bicentennial Priorities; Blacks and the Bicentennial; Economic Independence of Women; The Legal Dimension of Protective Services for the Elderly and Paraprofessionals and Preventive Health Care.

These are summaries of the pre-Forum Institutes. Also listed are recipients of distinguished service awards.

Handbook for Analyzing Jobs. Materials Development Center. Stout Vocational Rehabilitation Institute, University of Wisconsin-Stout Menomonie, WI 54751. $3.

This manual explains the procedures and techniques used in the public employment service to analyze jobs and to record the analyses. Although they were developed with the occupational needs of the various manpower programs in mind, they are applicable to any job analysis.

Some of the major areas of use are recruitment and placement; better utilization of employees; job restructuring; vocational counseling; training; performance evaluation and plant safety.

The Family and the State: Considerations for Social Policy. Robert Moroney. Longman Inc., 19 West 44th Street, New York 10036. $6.50.

Is the family today less willing or less able to care for its severely dependent members?

The study shows there is no evidence that the family, as such, is giving up its caring function; in fact, it appears to be stronger and more viable than many anticipated. There has been and continues to be more inter- and intra-generational contact and support, despite changing social policies.

The study also shows that social care provided by families far exceeds that undertaken by the State. This conclusion is based on a systematic analysis of the changing relationship between the State and the family in modern Britain in relation to the care of severely dependent members.

Films

Labor of Love: Childbirth Without Violence. Perennial Education, Inc. 1825 Willow Road, P.O. Box 236, Northfield, Il 60093. Color. 16mm, Super 8mm sound and ¾" videocassette. Purchase $300. Rental (16mm only) $30.

Filmed at St. John's Hospital in Santa Monica, California, Labor of Love documents the procedures and the rationale behind natural childbirth, as advocated by Dr. Frederick Leboyer. In three sequences, the film contrasts the procedures of a traditional delivery with the Leboyer method. Included are pre-delivery activities, a post-natal review, and pro and con arguments from medical specialists.

The film is designed for family living education, childbirth education courses, hospitals, nurses training, pre-natal clinics and child psychology classes.

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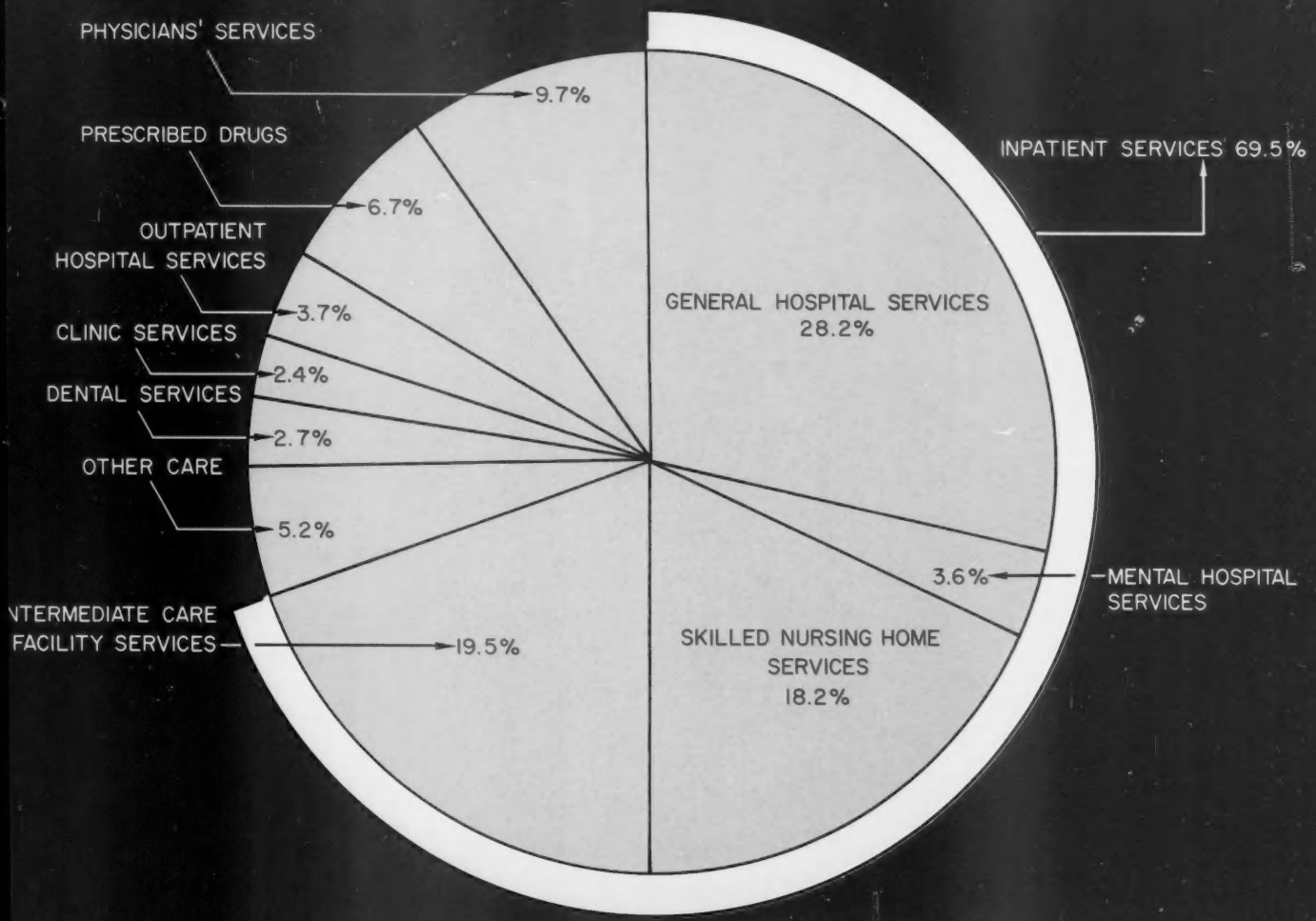

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